

PRESIDENT'S ADDRESS.

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In considering the relation of medicine to the whole people, we find a most peculiar and anomalous condition. Never has scientific medicine been called upon by governments, by communities, by the thinking element of the people, for such monumental services, for such distinct advances, as during the past few years and at the present time. On the other hand, never has the art of the practice of medicine by the average practicing physician been in such disrepute. Medical science as found in the research laboratory, the high-class teaching hospital, the properly equipped and up-to-date medical school, is in a unique position of official respect and individual admiration; medical practice of the every-day sort seems to be the storm-center of a riot of attacking, warring fanatics. The two classes of medical effort seem to be occupying the extremes of favorable and unfavorable public recognition.

Individuals are endowing liberally the centers of medical science, of research, while the mass of the people are opposed to any legal provisions which would require a proper medical education as a preface to the treatment of the sick or afflicted. In nearly every state opposition is being made to laws requiring a reasonably high standard of medical education and the trend of effort is to reduce rather than to raise the requirements which were originally intended to, and actually did, protect the people from having their ignorance exploited at the cost of their health and their lives. In California we find a condition never before noted in any state; in the present legislature there are some thirty bills dealing with the licensing of persons to treat the sick or afflicted in one way or another, and with the exception of three bills, prepared by our own attorneys, all of these proposed measures are destructive and not constructive. The objective of all of these measures is to make it possible for individuals or classes to receive the police permission of the state to practice some form of medicine without producing satisfactory evidence that they are qualified to do so. It is not necessary for us to waste time in considering the matter of the words used by these individuals or classes to designate schools, methods, sects, forms of healing-effort; it does not matter whether it is prescribing or praying, medicine or manipulation, spine-tapping or operation—we, as physicians, know the real facts—that many uneducated and unqualified persons wish to make a living by getting money from the sick or afflicted, the easiest of human prey.

What shall be our attitude toward this condition of antagonistic unrest; this apparent objection of the people to a forced protection of themselves from ignorant, false pretenders? We can lead with reason, with instruction, with an effort to instill the truth. But can we force upon the whole people any measure, no matter how completely and entirely it is intended for their own good? Must not such protective measures—measures intended for the protection of the people themselves—be demanded by and enacted by and through the wish of the people rather than the wisdom of the medical profession?

In our humanitarian efforts and strenuous exertions to secure for the protection of the people measures which require more and more medical education, more and more preliminary training before one may be permitted to make a living by treating sick people, to what extent are we injuring the cause for which we are honestly and with the noblest motives, striving? Do not we, as physicians, when we undertake to force such protective measures, really get in the way of our own endeavor? The layman who is active for or against any particular piece of legislation, does so because he has a personal interest in it. He regards every similar effort in a similar way. When he sees physicians active for or against any piece of legislation his first and natural thought is that the physician must have a personal interest in it; and to him a "personal interest" is synonymous with financial interest.

Let us think, for a moment, of some of the underlying sociologic factors involved. No artificial law will ever triumph, in the long run, over a natural law and it is a natural law that no class can, for long, assume the obligations which properly, and by natural law, belong to another class. When such assumption goes too far, equilibrium is destroyed and some change takes place. It is the natural obligation of the individual to protect himself against medical ignorance; it is by no means the duty of the medical practitioner, be he savant or quack, to protect the lay individual against the medical class—his own class. It is true that the medical class, realizing the danger when the lay class did not, assumed the obligation of creating protection for the public against medical ignorance and quackery; but was it not an assumption of an unnatural obligation? The less can not contain the greater and the medical class is a very small part of the whole community.

Would it not be a wise undertaking for us, as a learned society and a small class-element in the community, to confine our efforts to the education of a number of lay citizens and influential men in all parts of the state and allow such legislation of a medical-restrictive character as the people may demand, to come from the public? In other words, has not the time now come when we should confine our efforts to educating the public as to the facts and then allow this educated public to protect itself in any way that it may see fit?

Should we not exert every effort to make our county medical societies real centers of medical education, firstly, and secondly centers of general education and public instruction?

Another form which the expression of this general feeling of antagonistic unrest toward the practice of medicine has taken, is exceedingly important to us as physicians and as members of this Society. It is the enormous increase in the number of alleged malpractice suits and the bitterness and aggressiveness with which they are fought. Truly, the public seems to have been seized with a mad desire to "sue the doctor." If the patient is not immediately cured of some incurable condition, "sue the doctor"; if a fracture has an unesthetic result impossible to prevent, even though function is good,

"sue the doctor"; if the patient does not coincide with the physician's diagnosis and treatment, "sure the doctor"; and more particularly, if the patient does not care to pay his bill, threaten to "sue the doctor," and do so, if he sues to collect his bill.

We, in California, are not the only ones cursed with this crop of blackmail suits; the number of them is increasing in almost every state in the country and with the exception of a very few exceedingly rare instances, the suits are unjust and without any foundation in fact. In practically every case, the result has been as good as could be expected under the circumstances. The law does not demand that every physician shall be an expert or a specialist in everything; it demands that he shall have ordinary skill and ability. It should go a step farther and demand that the patient exercise ordinary common sense.

I do not intend to go into the details of the Malpractice Defense work of our Society, for these will be presented to the House of Delegates by the Council in its report. But there are several points of great interest in connection with it that I desire to call to the attention of the whole Society.

First. Our legal department has been very much more successful in defending these suits during the past year than has any insurance company. It may be that the insurance companies have been unfortunate in the character of the suits they have been called upon to defend, or it may be that their defendants have really been negligent. Whatever the reason, the fact is that a number of suits in which the defendant was not a member of our society but was insured and was defended by the attorneys of an insurance company, have been lost, the judgments varying in amount up to \$3,500. It has been made manifest that the Medical Defense of the State Society is real defense and is probably better than the protection of an insurance company.

Second. We must continue the work energetically and we must provide sufficient funds to do so and to do so properly. There is nothing more expensive than a cheap lawyer. Even if it should become necessary to raise the assessment for this work to two or three dollars, the amount paid by each member will be only a small portion of the sum he would have to pay for insurance which would be a less successful protection. It is idle for any member to say that he has never been sued and does not fear that he ever will be. At the rate that these suits are increasing, no member is safe in the treatment of any patient; any one of us is liable to be made the defendant in a suit at any time. I may refer to one case in which the physician had attended the family for years; his patient, a woman, left his office one afternoon, apparently as satisfied with her physician as she had been for years, and the next day filed a suit for damages against him.

Third. We must do everything in our power to discourage the beginning of such suits. We should be ever watchful of our criticism of a brother physician; we can not know all the facts in the case and it is unfair, to say the least, to criticize anyone unless all the facts are known. Many a suit

has been brought as the result of an idle and ill-considered criticism of a brother physician's work. Many more are brought as the result of envy, jealousy or anger. Indeed, it has been said that behind every malpractice suit will be found skulking some jealous physician. If we will keep these things in mind we will do much to head off many cases of this legal blackmail. In many cases a discontented patient consults another doctor in the hope that he will say something in the way of criticism or censure that may be used as the basis for a suit.

Fourth. In serious cases, or in cases which we think may give rise to trouble, we should endeavor to have another physician see the patient at the time of examination and treatment. This is particularly important in all fracture cases, and especially in fractures near joints. There are a good many surgeons who will not, under any circumstances, treat or set a fracture unless another physician is present and agrees entirely in the treatment and diagnosis. It is self-protection.

This condition of unrest; of antagonism to things relating to medicine in its legislative control and in its every-day practice, will doubtless increase for a time; how long, it is, of course, impossible to say but probably two or three years will see a change. If we do our best to fulfil our duty as teachers, as physicians in the broadest sense, we may expect that the thinking portion of the community will, in a reasonable time, see to it that order is again restored and that the present chaos is abolished.

REPORT OF THE SECRETARY AND EDITOR.

To the President and Delegates:

Membership. At the close of 1911 there were 2118 members of the State Society; at the close of 1912, there were 2278 members, an increase of 160 during the year 1912. During the year 23 members died and 16 resigned, making a loss of 39 in spite of which loss there was a net gain of 160. The change in the by-laws relating to the payment of dues has had an excellent effect. On March 10th, 1913, three county societies had paid in full the same amount as last year, reporting the same number of members; 10 reported and paid for an increased number of members totaling 29; 22 county societies had not reported and paid for as many members as last year totaling 180; since that date a number of names have been reported and the delinquents have nearly all come in. At the same time last year, little over half of the assessment from county societies had been paid, so you can see the result of the stringent ruling that assessments must be paid by March 1st.

The Glenn County Medical Society, a new unit, was organized during the latter part of 1912 and began its official life with the report of members and payment of assessment for 1913.

It has been suggested that, as membership in a county medical society will probably come to mean more and more of distinction, some sort of button should be designed and sold by the State Society, at cost, to its members, so that the public may be